

1007

Dr. Fillmore

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

3002

CERTIFICATE OF DEATH

REGISTRAR'S NO. 108

07 274 OF DEATH 28 AND RESIDENCE 5	1. PLACE OF DEATH A. COUNTY Maricopa		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY Maricopa	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Mesa		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Mesa	
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 115 West 1st. St.		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 115 West. 1st. St.	
2 IDENT SONAL ATA 188 4 649	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Catherine B. (MIDDLE) Barlow C. (LAST) Burton			4. SEX female
	6. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			5. COLOR OR RACE White
	7. DATE OF BIRTH MONTH 5 DAY 9 YEAR 61			8. AGE YEARS 88 MONTHS 1 DAYS 5
188 4 649	9. KIND OF BUSINESS OR INDUSTRY at home		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Utah	11. CITIZEN OF WHAT COUNTRY? U.S.A.
	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) No		13. SOCIAL SECURITY NO. None	
	14A. FATHER'S NAME James M. Barlow		14B. BIRTHPLACE (STATE OR COUNTRY) Kentucky	15A. MOTHER'S MAIDEN NAME Electra Mott
188 4 649	16. INFORMANT'S SIGNATURE W. A. Burton		17. DATE OF DEATH (MONTH) June (DAY) 14 (YEAR) 1949	
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTIONS.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Thrombosis ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STAT. ING THE UNDERLYING CAUSE LAST. DUE TO (b) Generalized Arteriosclerosis DUE TO (c) Sclerosis II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.	
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
ATH E TO ERNAL LENCE	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	
	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
	21F. HOW DID INJURY OCCUR?		21G. (CITY OR TOWN) (COUNTY) (STATE)	
ICAL RONER'S ICATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 2 P.M. TO 19 THAT I LAST SAW THE DECEASED ALIVE ON 19 AND THAT DEATH OCCURRED AT 2 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
	23A. SIGNATURE Dr. Fillmore M. D.		23B. ADDRESS Mesa, Arizona	
	23C. DATE SIGNED 6-16-49			
IERAL ECTOR ND STRAR	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE 6-17-49	
	24C. NAME OF CEMETERY OR CREMATORY City Cemetery		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Mesa, Arizona	
	25A. DATE REC'D BY LOCAL REG. 6-17-49		25B. REGISTRAR'S SIGNATURE [Signature]	
26. FUNERAL DIRECTOR'S SIGNATURE Meldrum Mortuary		27. EMBALMER'S SIGNATURE R. N. Daybell		
ADDRESS Mesa, Ariz.		CERT. NO. 228-A		